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Image# 201601089004444217

FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X   F	For Other Than An Auth	norized Committee	Office Use Only	
NAME OF     COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
COMMUNITY ONCOL	OGY ALLIANCE PAC	<b>;</b>		
ADDRESS (number and street)	1101 Pennsylvania Avenue S	SW		
Check if different than previously reported. (ACC)	Washington		DC 20004 -	
2. FEC IDENTIFICATION NU	JMBER ▼ CITY	Y 🛦	STATE ▲ ZIP CODE ▲	
C C00383976	3. IS	THIS EPORT X NEW (N) OR	AMENDED (A)	
4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:  April 15 Quarterly Report (C) July 15 Quarterly Report (C) October 15 Quarterly Report (C) X January 31 Year-End Report (Y) July 31 Mid-Year Report (Non-electio Year Only) (MY) Termination Report (TER)	Report Due On:  Mar 2  Apr 2  (c) 12-Day PRE-Election Report for the:  (d) 30-Day	General (30G)	(Non-Elec Year Only	ly) 0 (M12) 1 (YE) (12R)
5. Covering Period 07	01 2015	through 12	31 2015	
I certify that I have examined th  Type or Print Name of Treasure	•	my knowledge and belief it is to	ue, correct and complete.	
	ael Diaz	[Electronically Filed]	Date 01 / 08 / 2016	
NOTE: Submission of false, errone Office	eous, or incomplete information	may subject the person signing	this Report to the penalties of 2 U.S.C. §	
Use			FEC FORM 3X Rev. 12/2004	`

## SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)
Page 2

Write or Type Committee Name

### COMMUNITY ONCOLOGY ALLIANCE PAC

Report Covering the Period: From: 07 01 2015 To: 12 31 2015

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand  January 1,  2015		39680.55
	(b) Cash on Hand at Beginning of Reporting Period	147607.40	
	(c) Total Receipts (from Line 19)	10166.56	180349.88
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	157773.96	220030.43
7.	Total Disbursements (from Line 31)	38135.88	100392.35
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	119638.08	119638.08
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

## COMMUNITY ONCOLOGY ALLIANCE PAC

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
. Contributions (other than loans) From:	1			
(a) Individuals/Persons Other				
Than Political Committees		47040000		
(i) Itemized (use Schedule A)	8799.90	178483.22		
(ii) Unitemized	366.66	866.66		
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	9166.56	179349.88		
Lines Tr(a)(i) and (ii)	3100.30	113010.00		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees	0.00	0.00		
(such as PACs)	0.00	0.00		
(d) Total Contributions (add Lines				
11(a)(iii), (b), and (c)) (Carry		470240.00		
Totals to Line 33, page 5)▶	9166.56	179349.88		
2. Transfers From Affiliated/Other				
Party Committees	0.00	0.00		
All I and Burial	0.00	0.00		
B. All Loans Received	0.00	0.00		
Loan Repayments Received	0.00	0.00		
	7	0.00		
6. Offsets To Operating Expenditures				
(Refunds, Rebates, etc.)	0.00	0.00		
(Carry Totals to Line 37, page 5)	0.00	0.00		
6. Refunds of Contributions Made				
to Federal Candidates and Other	1000.00	4000.00		
Political Committees	1000.00	1000.00		
7. Other Federal Receipts				
(Dividends, Interest, etc.)	0.00	0.00		
3. Transfers from Non-Federal and Levin Funds				
(a) Non-Federal Account				
(from Schedule H3)	0.00	0.00		
(b) Lovin Funda (fram Calaatula 115)	0.00	0.00		
(b) Levin Funds (from Schedule H5)	0.00	0.00		
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00		
(c) Total Transfers (add 18(a) and 18(b))  D. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	10166.56	180349		
). Total Federal Receipts				
(subtract Line 18(c) from Line 19)▶	10166.56	180349.88		

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
Operating Expenditures:  (a) Allocated Federal/Non-Federal	Total Tino I criou	Calelidai Teal-IO-Date		
Activity (from Schedule H4)				
(i) Federal Share	0.00	0.00		
	0.00	0.00		
(ii) Non-Federal Share	0.00	0.00		
(b) Other Federal Operating	10635.88	22392.35		
Expenditures(c) Total Operating Expenditures	10033.86	22352.33		
(add 21(a)(i), (a)(ii), and (b))▶	10635.88	22392.35		
Transfers to Affiliated/Other Party				
Committees	0.00	0.00		
Contributions to Federal Candidates/Committees				
and Other Political Committees	27500.00	78000.00		
Independent Expenditures	0.00	0.00		
(use Schedule E) Coordinated Party Expenditures	0.00	0.00		
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00		
(use scriedule F)	7 7	0.00		
Loan Repayments Made	0.00	0.00		
Loans Made	0.00	0.00		
Refunds of Contributions To: (a) Individuals/Persons Other				
Than Political Committees	0.00	0.00		
4	0.00	0.00		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees (such as PACs)	0.00	0.00		
(3001 03 1703)	7			
(d) Total Contribution Refunds				
(add Lines 28(a), (b), and (c))▶	0.00	0.00		
Other Disbursements	0.00	0.00		
Fordered Flooring Astistics (O.11.0.0. \$404(00))				
Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity				
(from Schedule H6)				
(i) Federal Share	0.00	0.00		
()				
(ii) "Levin" Share	0.00	0.00		
(b) Federal Election Activity Paid Entirely				
With Federal Funds	0.00	0.00		
(c) Total Federal Election Activity (add	0.00	0.00		
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00		
Total Disbursements (add Lines 21(c), 22,				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	38135.88	100392.35		
,,,,,	33130.00	100392.33		
Total Federal Disbursements				
(subtract Line 21(a)(ii) and Line 30(a)(ii)				
from Line 31)	38135.88	100392.35		

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	9166.56	179349.88
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9166.56	179349.88
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	10635.88	22392.35
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	10635.88	22392.35

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:						PAGE	6	OF	26
(check only one)									
X 11a 11b					11c	12			
		13		14		15	16		17

UI	tor commercial purposes, other than using the	name and address of any political committee to	Solicit Communions from Such Committee.
$\rangle$	NAME OF COMMITTEE (In Full) COMMUNITY ONCOLOGY ALL	IANCE PAC	
۸.	Full Name (Last, First, Middle Initial)  Miriam Atkins  Mailing Address 3696 Wheeler Road  City  Augusta  FEC ID number of contributing	State Zip Code GA 30909	Date of Receipt  08 05 2015  Transaction ID: SA11AI.6351  Amount of Each Receipt this Period
	federal political committee.  Name of Employer  SELF  Receipt For:  Primary General  Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼	PayPal
3.	Full Name (Last, First, Middle Initial)  Miriam Atkins  Mailing Address 3696 Wheeler Road  City  Augusta  FEC ID number of contributing federal political committee.  Name of Employer  SELF  Receipt For:  Primary  Other (specify)   Other (specify)	State Zip Code GA 30909  C  Occupation Physician  Aggregate Year-to-Date ▼	Date of Receipt  M M / D D / Y Y Y Y Y  O9 17 2015  Transaction ID : SA11Al.6352  Amount of Each Receipt this Period  200.00  PayPal
<b>.</b>	Full Name (Last, First, Middle Initial)  Miriam Atkins  Mailing Address 3696 Wheeler Road  City  Augusta  FEC ID number of contributing federal political committee.  Name of Employer  SELF  Receipt For:  Primary  Other (specify)	State Zip Code GA 30909  C  Occupation Physician  Aggregate Year-to-Date ▼	Date of Receipt  10 08 2015  Transaction ID: SA11Al.6357  Amount of Each Receipt this Period  200.00  PayPal
s	UBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	1000.00
T	OTAL This Period (last page this line number o	nly)	

Use separate schedule(s) for each category of the Detailed Summary Page

	FOR LINE NUMBER:					PAGE	7	OF	26	
(check only one)										
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or	for commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.				
$\rangle$	NAME OF COMMITTEE (In Full) COMMUNITY ONCOLOGY ALL	IANCE PAC					
١.	Full Name (Last, First, Middle Initial) Miriam Atkins		Date of Receipt				
	Mailing Address 3696 Wheeler Road	10 29 2015					
	City	State Zip Code	Transaction ID : SA11AI.6358				
	Augusta	GA 30909	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	200.00				
	Name of Employer SELF	Occupation Physician	PayPal				
	Receipt For:	Aggregate Year-to-Date ▼					
	Primary General  Other (specify) ▼	2000.00					
3.	Full Name (Last, First, Middle Initial) Miriam Atkins		Date of Receipt				
	Mailing Address 3696 Wheeler Road		11 15 _2015 _				
	City	State Zip Code	Transaction ID : SA11AI.6359				
	Augusta	GA 30909	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	200.00				
	Name of Employer SELF	Occupation Physician	PayPal				
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2200.00					
).	Full Name (Last, First, Middle Initial) Miriam Atkins		Date of Receipt				
	Mailing Address 3696 Wheeler Road		11 29 2015				
	City	State Zip Code	Transaction ID : SA11AI.6360				
	Augusta	GA 30909	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	200.00 PayPal				
	Name of Employer	Occupation	ı ayraı				
	SELF	Physician					
	Receipt For:  Primary  General	Aggregate Year-to-Date ▼					
	Other (specify) ▼	2400.00					
s	UBTOTAL of Receipts This Page (optional)	·····	600.00				
Т	OTAL This Period (last page this line number o	nly)					

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE		8	OF		26
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	13 14						16	;		17

or	for commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.
$\rangle$	NAME OF COMMITTEE (In Full) COMMUNITY ONCOLOGY ALL	IANCE PAC	
١.	Full Name (Last, First, Middle Initial) Miriam Atkins		Date of Receipt
	Mailing Address 3696 Wheeler Road		12 29 2015
	City	State Zip Code	Transaction ID : SA11AI.6361
	Augusta	GA 30909	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	200.00
	Name of Employer SELF	Occupation Physician	PayPal
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	2600.00	
3.	Full Name (Last, First, Middle Initial) Ralph Boccia		Date of Receipt
	Mailing Address 6410 Rockledge Drive		08 05 _2015 _
	City	State Zip Code	Transaction ID : SA11AI.6336
	Bethesda	MD 20817	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1249.98
	Name of Employer self	Occupation	
	Receipt For:	physician	
	Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1666.64	
).	Full Name (Last, First, Middle Initial) Ralph Boccia		Date of Receipt
	Mailing Address 6410 Rockledge Drive		09 17 2015
	City	State Zip Code MD 20817	Transaction ID : SA11AI.6354
	Bethesda	MD 20817	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	416.66
	Name of Employer	Occupation	PayPal
	self	physician	
	Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	2083.30	
s	UBTOTAL of Receipts This Page (optional)		1866.64
т	OTAL This Period (last page this line number o	nly)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:						PAGE	9	OF	26
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X 11a 11b					11c	12			
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or t	for commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) COMMUNITY ONCOLOGY ALL	IANCE PAC	
۱. ِ	Full Name (Last, First, Middle Initial) Ralph Boccia Mailing Address 6410 Rockledge Drive		Date of Receipt
(	City Bethesda	State Zip Code MD 20817	10 08 2015  Transaction ID : SA11Al.6362  Amount of Each Receipt this Period
f F	FEC ID number of contributing federal political committee.  Name of Employer self  Receipt For:  Primary General  Other (specify)	Occupation physician  Aggregate Year-to-Date ▼  2499.96	416.66 PayPal
3 ! !	Full Name (Last, First, Middle Initial) Ralph Boccia Mailing Address 6410 Rockledge Drive City Bethesda FEC ID number of contributing federal political committee.	State Zip Code MD 20817	Date of Receipt  11 01 2015  Transaction ID: SA11AI.6363  Amount of Each Receipt this Period  416.66
S	Name of Employer self  Receipt For:  Primary  General  Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼  2916.62	PayPal
)	Full Name (Last, First, Middle Initial) Ralph Boccia  Mailing Address 6410 Rockledge Drive  City Bethesda  FEC ID number of contributing federal political committee.  Name of Employer self  Receipt For: Primary General	State Zip Code MD 20817  C  Occupation physician  Aggregate Year-to-Date ▼	Date of Receipt  12 01 2015  Transaction ID: SA11Al.6364  Amount of Each Receipt this Period  416.66  PayPal
	Other (specify) ▼  JBTOTAL of Receipts This Page (optional)  DTAL This Period (last page this line number o	<u></u>	1249.98
		,,	

Use separate schedule(s) for each category of the Detailed Summary Page

FO	R LINE	NUMBE	R:	PAGE	10 (	OF 26
(ch	eck only	one)				
>	<b>1</b> 1a	11b		11c	12	
	13	14		15	16	17

or for commercial purposes, other than using the	ne name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) COMMUNITY ONCOLOGY AL	LIANCE PAC	
Full Name (Last, First, Middle Initial)  A. Bruce Burns  Mailing Address 1062 Forsyth Street		Date of Receipt
City Macon  FEC ID number of contributing federal political committee.	State Zip Code GA 31201	08 05 2015  Transaction ID : SA11AI.6337  Amount of Each Receipt this Period  1249.98  PayPal
Name of Employer self Receipt For:  Primary General Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  1666.64	
Full Name (Last, First, Middle Initial)  Bruce Burns  Mailing Address 1062 Forsyth Street  City  Macon	State Zip Code GA 31201	Date of Receipt  09 17 2015  Transaction ID: SA11AI.6355  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer self  Receipt For:  □ Primary □ General □ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  2083.30	416.66 PayPal
Full Name (Last, First, Middle Initial)  Bruce Burns  Mailing Address 1062 Forsyth Street  City  Macon  FEC ID number of contributing	State Zip Code GA 31201	Date of Receipt  10 08 2015  Transaction ID : SA11Al.6365  Amount of Each Receipt this Period
federal political committee.  Name of Employer  self  Receipt For:  Primary  Other (specify)	Occupation physician  Aggregate Year-to-Date ▼  2499.96	416.66 PayPal
SUBTOTAL of Receipts This Page (optional)		2083.30
TOTAL This Period (last page this line number	r only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)							. 1	11	OF	26
(c	he	ck only	or	ne)						
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UI	tor commercial purposes, other than using the	name and address of any political committee to	SOIICIL COMMIDULIONS HOITI SUCH COMMILLEE.
$\rangle$	NAME OF COMMITTEE (In Full) COMMUNITY ONCOLOGY ALL	IANCE PAC	
١.	Full Name (Last, First, Middle Initial) Bruce Burns Mailing Address 1062 Forsyth Street	State 7:n Code	Date of Receipt  M M M / D D / Y D Y D Y D Y D Y D Y D Y D Y D
	City Macon	State Zip Code GA 31201	Transaction ID : SA11AI.6366
	FEC ID number of contributing federal political committee.  Name of Employer self	Occupation physician	Amount of Each Receipt this Period 416.66 PayPal
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  2916.62	
3.	Full Name (Last, First, Middle Initial) Bruce Burns  Mailing Address 1062 Forsyth Street		Date of Receipt  12 01 2015
	City Macon	State Zip Code GA 31201	Transaction ID : SA11AI.6367  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	416.66
	Name of Employer self	Occupation physician	PayPal
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  3333.28	
).	Full Name (Last, First, Middle Initial) Nicolas Ferreyros		Date of Receipt
	Mailing Address 95 Worth Street Apt 9C		12 11 2015
	City New York	State Zip Code NY 10013	Transaction ID : SA11AI.6372  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer	Occupation	PayPal
	Community Oncololy Alliance	Director, Communications	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  500.00	
S	UBTOTAL of Receipts This Page (optional)	·····	1333.32
T	OTAL This Period (last page this line number o	nly)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOF	LINE	NU	MBER	:	PAGE	_ ′	12	OF	26	
(che	ck only	or	ne)							
×	11a		11b		11c		12			
	13		14		15		16		17	

or	for commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.
$\rangle$	NAME OF COMMITTEE (In Full) COMMUNITY ONCOLOGY ALL	IANCE PAC	
١.	Full Name (Last, First, Middle Initial) Kathy Oubre		Date of Receipt
	Mailing Address 120 Lakeview Circle		11 26 2015
	City Covington	State Zip Code LA 70433	Transaction ID : SA11AI.6375
	FEC ID number of contributing		Amount of Each Receipt this Period
	federal political committee.	C	83.33
	Name of Employer	Occupation	PayPal
	Pontchartrain Hematology Oncol Receipt For:	Practice Administrator	
	Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	249.99	
3.	Full Name (Last, First, Middle Initial) Kathy Oubre		Date of Receipt
	Mailing Address 120 Lakeview Circle		12 292015
	City	State Zip Code	Transaction ID : SA11AI.6376
	Covington	LA 70433	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.33
	Name of Employer	Occupation	PayPal
	Pontchartrain Hematology Oncol  Receipt For:	Practice Administrator	
	Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	333.32	
).	Full Name (Last, First, Middle Initial) Mark Santos		Date of Receipt
	Mailing Address 112 Windcrest Court		08 05 2015
	City	State Zip Code TX 77064	Transaction ID: SA11AI.6353
	Jersey Village  EEC ID number of contributing		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer	Occupation	PayPal
	ION GOP Receipt For:	President	
	Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	500.00	
s	SUBTOTAL of Receipts This Page (optional)		666.66
	OTAL This Period (last page this line number o	<u>_</u>	8799.90
-	( pago ano inio nambor o	,,	

OUEDINE A /FEO F OX			1							
SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 13 OF 26							
TEMIZED RECEIPTS		for each category of the	(check only one)							
-		Detailed Summary Page	11a 11b 11c 12 13 14 15 X 16 17							
Any information copied from such Reports and or for commercial purposes, other than using the	Statements mane and a	I ay not be sold or used by any praddress of any political committee	erson for the purpose of soliciting contributions							
NAME OF COMMITTEE (In Full)										
COMMUNITY ONCOLOGY AL	LIANCE I	PAC								
Full Name (Last, First, Middle Initial)  WHITFIELD FOR CONGRESS CON	MITTEE		Date of Receipt							
Mailing Address P.O. BOX 391			M - M / D - D / Y - Y - Y							
City	State	Zip Code	10 07 2015							
HOPKINSVILLE	KY	42241	Transaction ID : SA16.6449  Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	<b>C</b> co	0289983	1000.00							
Name of Employer	Occupation	1	Refund of Contribution - Candidate Not Running							
Receipt For: 2016	Aggregate	Year-to-Date ▼								
Primary General Other (specify) ▼		1000.00								
Full Name (Last, First, Middle Initial) 3.			Date of Receipt							
Mailing Address			M = M / D = D / Y = Y = Y							
City	State	Zip Code	Amount of Each Receipt this Period							
FEC ID number of contributing	1.1.1		Amount of Each receipt this remod							
federal political committee.	С									
Name of Employer	Occupation	1								
Receipt For: Primary General	Aggregate	Year-to-Date ▼	_							
Other (specify) ▼		<b>A</b>								
Full Name (Last, First, Middle Initial)			Date of Receipt							
Mailing Address			M = M / D = D / Y = Y = Y							
City	State	Zip Code	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С									
Name of Employer	Occupation	1	_							
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼								
SUBTOTAL of Receipts This Page (optional)	1		1000.00							

TOTAL This Period (last page this line number only).....

1000.00

SC	CHEDULE B (FEC Form 3X)							NUMBER: PAGE 14 OF 26							
	EMIZED DISBURSEMENTS	Use separate schedule(s)   (check only				TE TOMBETT									
11	LIVIIZED DISBURSEIVIEN IS		category of the	X 21	-						25	25 26			
		Detailed	Summary Page	27	,	28a		28b	H	28c	29	H	30b		
Ar	y information copied from such Reports and Staten	nents may r	not be sold or u	sed by any pe	erson	for the	purp	ose o	of so	liciting	contrib	utions			
or	for commercial purposes, other than using the name	ne and addr	ess of any politi	cal committee	to s	olicit co	ntribu	utions	fron	n such	commi	ttee.			
	NAME OF COMMITTEE (In Full)														
]/	COMMUNITY ONCOLOGY ALLIAI	NCE PA	C												
	Full Name (Last, First, Middle Initial)														
A.	<b>COMMUNITY ONCOLOGY ALLIA</b>	NCE PA	C			Date o	f Dis	burse	men	t					
					_	M = M	/	D	D		Y Y	Y			
	Mailing Address 1101 Pennsylvania Avenue SW					12 21 2015									
	City	State	Zip Code												
	Washington	DC	20004			Transaction ID : SB21B.6448									
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NAME OF COMMITTEE (In Full)	NOE DAO						
$ \hspace{.05cm}  angle$ COMMUNITY ONCOLOGY ALLIA	NCE PAC						
Full Name (Last, First, Middle Initial)							
A. COLLINS FOR CONGRESS			Date of Disbursement				
Mailing Address PO BOX 386			07 30	2015			
Mailing Address PO BOX 300			07 30	2015			
•	State Zip Code		Transaction ID : SB2	3 6453			
CLARENCE	NY 14031		11a113aUUU11 ID . 3B2	J.U7JJ			
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CHRISTOPHER C COLLINS		Type		1000.00			
	ment For: 2016						
Senate President	Primary General						
State: NY District: 27	Other (specify) ▼						
Full Name (Last, First, Middle Initial)							
B. DEVIN NUNES CAMPAIGN COM	MITTEE		Date of Disbursement				
			M M / D D /	Y			
Mailing Address PO BOX 6545			07 29	2015			
City	State Zip Code		Transaction ID : SB2	3.6469			
VISALIA Purpose of Disbursement	CA 93290						
. ,,		011	Amount of Each Disbur	sement this Period			
Candidate Name		Category/	2000				
DEVIN G NUNES	mont For and	Type		2000.00			
	ment For: 2016 Primary General						
President	Other (specify)						
State: CA District: 22							
Full Name (Last, First, Middle Initial)							
C. RENEE JACISIN ELLMERS			Date of Disbursement				
Mailing Address 122 KINGSWAY DR			12 01	2015			
Maining Addition 122 KINGOWAT DK				2010			
	State Zip Code		Transaction ID : SB2	3.6407			
DUNN Purpose of Disbursement	NC 28334						
,5000 0		011	Amount of Each Disbur	sement this Period			
Candidate Name		Category/	. Should be Edon Blobul				
RENEE JACISIN ELLMERS		Type		1000.00			
	ment For: 2016						
Senate President	Primary General  Other (specify)						
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or for commercial purposes, other th	nan using the name and a	address of any politic	cal committee to	solicit contributions f	rom such committee.
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Candidate Name			011	Amount of Lacif D	isbursement this Feriou
GUTHRIE FOR CONG	DESS		Category/		1000.00
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Senate	Disbursement For Primary				
President		specify) $\blacktriangledown$			
State: KY District: 02	Uniter (s	specify) $\blacktriangledown$			
Full Name (Last, First, Middle Init	tio!\				
B. STEVE J. ISRAEL	liai)			Date of Disbursem	nent
5 STEVE J. ISRAEL					_
Mailing Address STEVE ISRAEL	FOR CONGRESS COMM	ITTE		12 03	2015
P.O. BOX 1400	TON CONTONECO COMM				
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City	State	Zip Code		Transaction ID .	
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				Transaction ID :	SB23.6409
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MELVILLE Purpose of Disbursement  Candidate Name STEVE J. ISRAEL  Office Sought:   House	NY  Disbursement For	11747	Category/		isbursement this Period
MELVILLE Purpose of Disbursement  Candidate Name STEVE J. ISRAEL  Office Sought:  House Senate	Disbursement For Primary	11747 : 2016 General	Category/		isbursement this Period
MELVILLE Purpose of Disbursement  Candidate Name STEVE J. ISRAEL  Office Sought:  House Senate President	Disbursement For Primary	11747	Category/		isbursement this Period
MELVILLE Purpose of Disbursement  Candidate Name STEVE J. ISRAEL  Office Sought:  Very House Senate President State: NY District: 03	Disbursement For Primary Other (s	11747 : 2016 General	Category/		isbursement this Period
MELVILLE Purpose of Disbursement  Candidate Name STEVE J. ISRAEL  Office Sought:  House Senate President State: NY District: 03  Full Name (Last, First, Middle Init	Disbursement For Primary Other (s	11747 : 2016 General	Category/	Amount of Each D	nisbursement this Period 1000.00
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MELVILLE Purpose of Disbursement  Candidate Name STEVE J. ISRAEL  Office Sought:  State: NY District: 03  Full Name (Last, First, Middle Init C. ISRAEL HUFFMAN VI  Mailing Address 700 13TH STRE SUITE 600  City WASHINGTON Purpose of Disbursement  Candidate Name STEVE J. ISRAEL  Office Sought:  House Senate President	Disbursement For Primary Other (s  CTORY FUND  ET, NW  State DC  Disbursement For Primary Other (s	Zip Code 20005  Zip Code 20005  Capecify)  Zip Code 20005	Category/ Type  Category/ Type	Date of Disbursem  07  Transaction ID:	nent  / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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NAME OF COMMITTEE (In Full)								
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Full Name (Last, First, Middle Initial)								
A. KEVIN MCCARTHY			Date of Disbursemen	t				
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Mailing Address PO BOX 12667			12 16	2015				
City	State Zin Code							
City BAKERSFIELD	State Zip Code CA 93389		Transaction ID : SB	323.6401				
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KEVIN MCCARTHY		Type		2000.00				
	ment For: 2016							
Senate President	Primary General							
State: CA District: 23	Other (specify) ▼							
Full Name (Last, First, Middle Initial)								
B. CATHY MCMORRIS RODGERS			Date of Disbursemen	t				
			M = M / D = D	/ Y = Y = Y = Y				
Mailing Address 32 EAST 25TH			10 27	2015				
Cit.	Otata 75 O I							
City SPOKANE	State Zip Code WA 99203		Transaction ID : SE	323.6380				
Purpose of Disbursement	55205							
		011	Amount of Each Disb	ursement this Period				
Candidate Name		Category/		2500.00				
CATHY MCMORRIS RODGERS		Type		2500.00				
	ment For: 2016							
Senate President	Primary General							
State: WA District: 05	Other (specify) ▼							
Full Name (Last, First, Middle Initial)								
c. CATHY MCMORRIS RODGERS			Date of Disbursemen	t				
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Mailing Address 32 EAST 25TH			12 22	2015				
City	State Zip Code							
City SPOKANE	WA 99203		Transaction ID : SE	323.6381				
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Candidate Name		Category/		1000.00				
CATHY MCMORRIS RODGERS		Туре		1000.00				
Office Sought: House Disburse Senate	ment For: 2016							
Senate President	Primary General Other (specify)							
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<u> </u>	NAME OF COMMITTEE (In Full)		J F-2000														
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/	COMMUNITY ONCOLOGY ALLIAN	NOE P	10														
<u></u>	Full Name (Last, First, Middle Initial)																
A.	PAT MEEHAN FOR CONGRESS						Date	of Di	sburs	eme	ent						
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	Mailing Address 50 S PROVIDENCE ROAD						10	)	2	21	ш	_2	015	.			
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	PAT MEEHAN FOR CONGRESS		0010	T	ype			-	7	-	7						
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D	Full Name (Last, First, Middle Initial)						Doto	of Di	oburo	ome	nnt.						
В.	MICHAEL R POMPEO								sburs		711L						
	Mailing Address 1210 PERTU COURT						07			22	/		2015	Y			
	Mailing Address 1310 PERTH COURT						U/	_			1 1		.010	-			
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C.	TIM MURPHY FOR CONGRESS						Date	of Di	sburs	eme	ent						
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	Mailing Address PO BOX 24551						80	3		12		_ 2	015				
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ITEMIZED DISBURSEMENTS   Des separate Scriedules(s) to cheact only one)   Description   Descripti	SCHEDULE B (FEC Form 3X)	Lien concrete cohedula(a)	FOR LINE	
Transaction ID: SB23.647  Amount of Each Disbursement  Candidate Name  Calegory  1969  City  State  PA 19692  Propose of Disbursement  District: 00  Full Name (Last, First, Midele Initial)  Candidate Name  Candidate Name  Calegory  1969  Calegory  1969  Calegory  1969  Calegory  1969  Calegory  1969  Calegory  1969  Transaction ID: SB23.6414  Amount of Each Disbursement  12 02 2015  Transaction ID: SB23.6414  Amount of Each Disbursement  12 02 2015  Transaction ID: SB23.6414  Amount of Each Disbursement  12 16 2015  Transaction ID: SB23.6415  Amount of Each Disbursement  12 16 2015  Transaction ID: SB23.6415  Amount of Each Disbursement  12 16 2015  Transaction ID: SB23.6415  Amount of Each Disbursement  12 16 2015  Transaction ID: SB23.6415  Amount of Each Disbursement His Period  Calegory  1960  Transaction ID: SB23.6415  Amount of Each Disbursement  12 16 2015  Transaction ID: SB23.6415  Amount of Each Disbursement His Period  Calegory  1960  District: 16  Distr	ITEMIZED DISBURSEMENTS			
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMUTITE (in Pull)  COMMUNITY ONCOLOGY ALLIANCE PAC  Full Mame (Last, First, Middle Initial)  A. TIM MURPHY FOR CONGRESS  Mailing Address PO BOX 24551  City  Purpose of Disbursement  Candidate Name  Candidate Name  Primary  Disbursement For: 2016  State: PA District: 19  Full Name (Last, First, Middle Initial)  B. TOOMEY, PATRICK JOSEPH  Office Sought: Phouse  Senate  Primary  Disbursement For: 2016  State: Zip Code PA 18992  Full Name (Last, First, Middle Initial)  City  City  State: Zip Code PA 18992  Full Name (Last, First, Middle Initial)  Date of Disbursement  Date of Disbursement  Date of Disbursement  Date of Disbursement  Transaction ID: \$823.6414  Amount of Each Disbursement  Date of Disbursement  Transaction ID: \$823.6414  Amount of Each Disbursement  Date of Disbursement  Da		Detailed Summary Page		
NAME OF COMMUNITY ONCOLOGY ALLIANCE PAC  Full Name (Last, First, Middle Initial)  A. TIM MURPHY FOR CONGRESS  Mailing Address PO BOX 24551  City State Zip Code PTSBURGH PA 15234  Priprose of Disbursement  Candidate Name  TIMOTHY MURPHY Office Sought: House Senate Prission I State I Senate Purpose of Office Sought: House TOMEY, PATRICK JOSEPH  Mailing Address 5250 WHEATLAND DR  City ZIONSVILLE PA 18092  Purpose of Disbursement  Candidate Name  TOMEY, PATRICK JOSEPH  Office Sought: House Disbursement For: 2016  Purpose of Disbursement  Condection Name  TOMEY, PATRICK JOSEPH  Office Sought: House Disbursement For: 2016  Senate Purpose of Disbursement  Condection Name  TOMEY, PATRICK JOSEPH  Office Sought: House Disbursement For: 2016  Senate President State: PA District: District: Disbursement For: 2016  Senate President State: PA District: Disbursement For: 2016  City State: PA District: Disbursement For: 2016  SARASOTA FL 34230  Pripose of Disbursement  Cardidate Name  Category/ Type  Transaction ID: SB23.6414  Amount of Each Disbursement For: 2016  Transaction ID: SB23.6414  Amount of Each Disbursement For: 2016  SARASOTA FL 34230  Pripose of Disbursement  Category/ Type  Office Sought: House Disbursement For: 2016  SARASOTA FL 34230  Pripose of Disbursement  Category/ Type  Office Sought: House Disbursement For: 2016  Sanate Primary General Pr				
Full Mare (Last, First, Middle Initial)  A. TIM MURPHY FOR CONGRESS  Mailing Address PO BOX 24551  City State Zip Code PTTSBURGH PA 15234  Purpose of Disbursement  TIMOTHY MURPHY Office Sought: House President President State: PA District: 18  City State Zip Code PTTSBURGH PA 15234  Transaction ID : SB23.6467  Amount of Each Disbursement this Period  Candidate Name Comment President State: PA District: 18  Transaction ID : SB23.6414  Transaction ID : SB23.6414  Amount of Each Disbursement this Period  Category: 1000.00  Date of Disbursement ID : SB23.6414  Amount of Each Disbursement It is Period  Category: 1000.00  Full Name (Last, First, Middle Initial)  State: PA District: 00  Full Name (Last, First, Middle Initial)  State: PA District: 00  Full Name (Last, First, Middle Initial)  City State: PA District: 00  Full Name (Last, First, Middle Initial)  State: PA District: 00  Full Name (Last, First, Middle Initial)  City State: PA District: 00  Full Name (Last, First, Middle Initial)  City State: PA District: 00  Full Name (Last, First, Middle Initial)  City State: PA District: 00  City State: PA District: 00  Full Name (Last, First, Middle Initial)  Category: 1000.00  Transaction ID: SB23.6415  Transaction ID: SB23.6415  Amount of Each Disbursement It his Period  Category: 1000.00  Transaction ID: SB23.6415  Transaction ID: SB23.6415  Amount of Each Disbursement It his Period  Category: 1000.00  Substotal of Disbursement It his Period  Category: 1000.00  Substotal of Disbursement It his Period  Category: 1000.00  Amount of Each Disbursement It his Period  Category: 1000.00  Transaction ID: SB23.6415  Transaction ID: SB23.6415  Amount of Each Disbursement It his Period  Category: 1000.00  Transaction ID: SB23.6415  Transaction ID: SB23.6415		me and address of any polition	cal committee to	solicit contributions from such committee.
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